## REMARKS

Applicant respectfully requests reconsideration of the present application in view of the reasons that follow.

The Examiner requested that we present a complete set of claims in ascending, numerical order. Accordingly, we have attached Appendix A which lists the complete set of claims, with their status relative to the last Amendment, dated January 20, 2004.

Applicant believes that the present application is now in condition for allowance. Favorable reconsideration of the application is respectfully requested.

The Examiner is invited to contact the undersigned by telephone if it is felt that a telephone interview would advance the prosecution of the present application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, Applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Respectfully submitted,

Date May 13, 2004

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## APPENDIX A

Pending Claims

Claims 1-18 (cancelled)

Claim 19 (previously presented): A method for treatment and/or prophylaxis of inflammation in a mammalian patient which method comprises administering to said patient an effective amount of apoptotic bodies to up-regulate the *in vivo* generation of anti-inflammatory Th-2 derived cytokines and/or down regulate the *in vivo* generation of pro-inflammatory Th-1 derived cytokines thereby reducing the level of inflammation in the treated patient.

Claim 20 (previously presented): The method of claim 19, wherein the apoptotic bodies are in a liquid suspension along with viable cells.

Claim 21 (previously presented): The method of claim 20, wherein the apoptotic bodies comprise from 10% to 90% of the cellular portion of the suspension.

Claim 22 (previously presented): The method of claim 21, wherein the apoptotic bodies comprise from 30% to 70% of the cellular portion of the suspension.

Claim 23 (previously presented): The method of claim 19, wherein the apoptotic bodies are derived from extracorporeal treatment of blood cells compatible with those of the mammalian patient.

Claim 24 (previously presented): The method of claim 19, wherein the apoptotic bodies are derived from established cultured cell lines.

Claim 25 (previously presented): The method of claim 23, wherein the blood cells are white blood cells of blood compatible with that of the mammalian patient.

Claim 26 (previously presented): The method of claim 25, wherein the blood cells are the patient's own white blood cells.

Claim 27 (previously presented): The method of claim 26, wherein the blood cells are the patient's own T lymphocytes.

Claim 28 (previously presented): The method of claim 19, further comprising administering to a human patient a dosage of apoptotic bodies comprising from 10,000 to 10,000,000 apoptotic bodies per kilogram body weight of the patient.

Claim 29 (previously presented): The method of claim 28, wherein the dosage contains from 500,000 to 5,000,000 apoptotic bodies per kilogram body weight of the patient.

Claim 30 (previously presented): The method of claim 28, wherein the dosage contains from 1,500,000 to 4,000,000 apoptotic bodies per kilogram body weight of the patient.

Claims 31-45 (cancelled)

Claim 46 (previously presented): A method for treatment and/or prophylaxis of inflammation in a mammalian patient with an inflammatory disorder, wherein the disorder is selected from the group consisting of contact hypersensitivity, psoriasis, rheumatoid arthritis, scleroderma, lupus, diabetes mellitus, organ rejection, miscarriage, multiple sclerosis, inflammatory bowel disease, and graft versus host disease, which method comprises administering to said mammalian patient an effective amount of apoptotic bodies to up-regulate the in vivo generation of anti-inflammatory Th-2 derived cytokines and/or down regulate the in vivo generation of pro-inflammatory Th-1 derived cytokines thereby reducing the level of inflammation in the treated patient.

Claim 47 (previously presented): The method of claim 46, wherein the apoptotic bodies are in a liquid suspension along with viable cells.

Claim 48 (previously presented): The method of claim 47, wherein the apoptotic bodies comprise from 10% to 90% of the cellular portion of the suspension.

Claim 49 (previously presented): The method of claim 48, wherein the apoptotic bodies comprise from 30% to 70% of the cellular portion of the suspension.

Claim 50 (previously presented): The method of claim 46, wherein the apoptotic bodies are derived from extracorporeal treatment of blood cells compatible with those of the mammalian patient.

Claim 51 (previously presented): The method of claim 46, wherein the apoptotic bodies are derived from established cultured cell lines.

Claim 52 (previously presented): The method of claim 50, wherein the blood cells are white blood cells of blood compatible with that of the mammalian patient.

Claim 53 (previously presented): The method of claim 52, wherein the blood cells are the patient's own white blood cells.

Claim 54 (previously presented): The method of claim 53, wherein the blood cells are the patient's own T lymphocytes.

Claim 55 (previously presented): The method of claim 46, further comprising administering to a human patient a dosage of apoptotic bodies comprising from 10,000 to 10,000,000 apoptotic bodies per kilogram body weight of the patient.

Claim 56 (previously presented): The method of claim 55, wherein the dosage contains from 500,000 to 5,000,000 apoptotic bodies per kilogram body weight of the patient.

Claim 57 (previously presented): The method of claim 55, wherein the dosage contains from 1,500,000 to 4,000,000 apoptotic bodies per kilogram body weight of the patient.